

101 713 868

JUL-12-2007 15:24 From:BSTZ

3037406962

To:USPTO

P.1/7

**BLAKELY** 1279 OAKMEAD PARKWAY  
**SOKOLOFF** SUNNYVALE, CALIFORNIA 94085  
**TAYLOR &** (408) 720-8300 (Telephone)  
**ZAFMAN** (408) 720-8383 (Facsimile)  
 A LIMITED LIABILITY  
 PARTNERSHIP INCLUDING  
 LAW CORPORATIONS

**RECEIVED**  
**CENTRAL FAX CENTER**  
**JUL 12 2007**

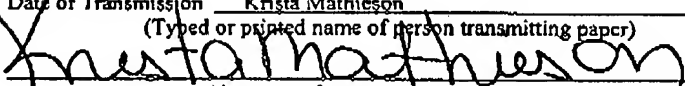
**Certificate**  
**JUL 13 2007**

# **FACSIMILE TRANSMITTAL SHEET (TRANSMITTAL TO PTO) of Correction**

**Deliver to:** Attention Certificate of Corrections Branch  
**Firm Name:** USPTO  
**Fax Number:** 571 273 8300 **Telephone No.:** \_\_\_\_\_  
**From:** Libby Hope  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Patent No.** 7,143,207  
**Issued Date:** November 28, 2006  
**Operator:** Libby Hope  
**Number of pages including cover sheet:** 7  
**Enclosed are the following documents:**  
(1) Transmittal Form, (2) Fee Transmittal Form and the (3) Certificate of  
Corrections (in duplicate).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

**Date of Transmission** Krista Mathieson  
 (Typed or printed name of person transmitting paper)  
  
 (Signature of person transmitting paper)

## **CONFIDENTIALITY NOTE**

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman LLP that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES, PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.

05/01/03

**JUL 16 2007**

**RECEIVED** P.2/7  
**CENTRAL FAX CENTER**

**JUL 12 2007**

PTO/SB/21 (04-07)

Approved for use through 09/30/2007 OMB 0651-0031

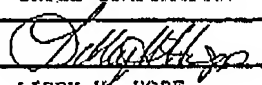
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	7,143,207
	Filing Date	
	First Named Inventor	VOGT, PETE D.
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____ Certificate of Correction (in duplicate)		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	INTEL CORPORATION		
Signature			
Printed name	LIBBY H. HOPE		
Date	July 12, 2007	Reg. No.	46,774

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Krista Mathieson	Date	7/12/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

**JUL 16 2007**

**RECEIVED**  
CENTRAL FAX CENTER

JUL 12 2007

<b>FEE TRANSMITTAL for FY 2006</b>		<b>Complete if Known</b>	
Patent fees are subject to annual revision		Application Number	7,143,207
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	
		First Named Inventor	Vogel, Peter B.
		Examiner Name	
		Art Unit	
		Attorney Docket No	
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	100.00

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0221 Deposit Account Name: INTEL CORPORATION	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)				CERTIFICATE OF CORRECTION FILING FEE	100.00
<b>SUBTOTAL (2)</b>					<b>(\$)</b> 100.00

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	LIBBY H. HOPE	Registration No (Attorney/Agent)	46,774
Signature	<i>Libby H. Hope</i>	Telephone	949 498 0601
		Date	July 12, 2007

Based on PTO/SR-17 (12-04) as modified by BNA's, Smith, Taylor & Zimmon (w/1) 12/16/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JUL 16 2007

BEST AVAILABLE COPY

CENTRAL FAX CENTER

JUL 12 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Certificate of Correction  
U.S. Letters Patent No. 7,143,207  
Issued: November 28, 2006  
Inventors: Vogt, Pete D.

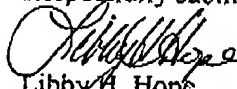
Attention Certificate of Corrections Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Certificate of Correction

Sir:

Enclosed is a Certificate of Correction (two copies) for the above referenced patent. A fee in the amount of 100.00 is due for the Certificate of Correction Filing Fee. Please charge our Deposit Account No. 50-0221 to cover the necessary fee under 37 C.F.R. 120(a).

Respectfully submitted.

  
Libby A. Hope  
Patent Attorney  
Reg. No. 46,774

Intel Corporation  
2200 Mission College Blvd.,  
Santa Clara, California 95052

JUL 16 2007

PTO/SB/44 (07-07)  
Approved for use through 07/31/2007 OMB 0651-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number  
(Also Form PTO-1050)

## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 7,143,207  
APPLICATION NO.: 10/713,888  
ISSUE DATE : November 28, 2006  
INVENTOR(S) : Vogt; Peter D. (Boulder, CO)

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

(column 25, line 38) in claim 1, please replace "forth" with "fourth--."

MAILING ADDRESS OF SENDER (Please do not use customer number below):

INTEL CORPORATION  
2200 MISSION COLLEGE BLVD.  
SANTA CLARA, CALIFORNIA 95052

**JUL 16 2007**

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 10 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2